	PATENT		CATIO	RD	Application of Dock 1 Number								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA	LL I	NTITY	OR	OTHER	R THAN ENTITY
FOR			NUMBER FILED .			NUMBER EXTRA		RAT		FEE	1	RATE	FEE
BASIC FEE			· (1)						345.00	OR	10112	690.00	
TOTAL CLAIMS			29	minus	20=	. 9	9		Ī		OR	X\$18=	162
INDEPENDENT CLAIMS			3 minus 3 =				X39:			OR	X78=		
MULTIPLE DEPENDENT			CLAIM PRESENT										
* If the difference in column 1 is less than zero, enter "0" in column 2								+130			OR	+260=	1713
CLAIMS AS AMENDED - PART II								TOTA	L.		OR	TOTAL	800
	and the state of t	(Colur	umn 1) (C			Column 2)	SMAL	LLE	NTITY	OR	OTHER		
<b>AMENDMENT A</b>		REMAI AFT AMEND	NING ER		Pf	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	1.3		Minus		29	.2	X\$ 9	-		OR	X\$18=	36.00
	Independent	RST PRESENTATION		Minus	DENIC	$\cup$		X39=			ÓR	X78=	
	TINGT FRESE	. T. A. I.O.	OF MC	LIFLE DE	FENL	ZENT CLAIM		+130=	_		OR	+260=	
				,				YOY, ADDIT, FI			OR	TOTAL ADDIT, FEE	
		(Colun	nn 1)		(0	olumn 2)	(Column 3)	AUDII. F			'	WUII. FEE	
AMENDMENT B	10 Fig. 10 Aug	CEAL REMAI AFTI AMEND	NING ER		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	-	ADDI- TIONAL FEE	I	RATE	ADDI- TIONAL FEE
	Total			Minus			=	X\$ 9=			OR	X\$18=	
	Independent FIRST PRESE	•	05.44	Minus			-	X39=	1		OR	X78=	
	rino i rinese	MANON	OF MC	CHPLE DE	PENL	ENI CLAIM		+130=			OR	+260=	
								ADDIT. FE			OR ,	TOTAL	
		(Colum			(C	olumn 2)	(Column 3)						
AMENOMENT C		CLAII REMAII AFTE AMENDI	VING R		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total			Minus	••		5	X\$ 9=	T		OR	X\$18=	
	Independent	•		Minus	•••		=	X39=	十			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1.032	╀		OR	V1.0=	
• 14	the enterio est-	mn 1 is iss	than #		^	under des la	o	+130=			OR	+260≖	
••••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								ξL			TOTAL DOIT, FEE	
1	The "Highest Num	ber Previo	usly Paid	For (Total o	v Indep	endent) la the	highest number i	found in the a	appro	priate box	in colu	mn 1.	

FORM PTO-675 (Rev. 12/99)

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